

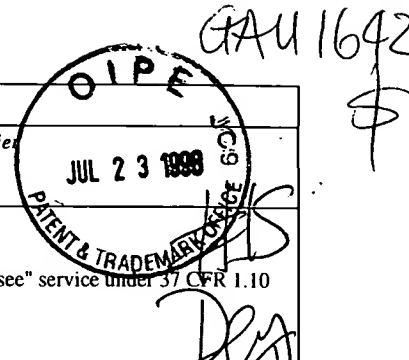
**CONTINUED PROSECUTION APPLICATION  
(CPA) REQUEST TRANSMITTAL**

(Only for Continuation or Divisional applications under 37 CFR 1.53(d))

Attorney Docket No. **P50186-2X**

First Named Inventor or Application Identifier

**Stephen Dudley Holmes**



**"EXPRESS MAIL CERTIFICATE"**

"EXPRESS MAIL" MAILING LABEL NUMBER **EL085631518US**

DATE OF DEPOSIT **JULY 23, 1998**

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to The Assistant Commissioner for Patents, Box CPA, Washington, D.C. 20231.

NAME OF PERSON MAILING PAPER OR FEE

(TYPE OR PRINT)

**BRAD SHIRAN**

SIGNATURE

**Brad Shiran**

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents and chapter 1500 concerning design patent application contents.

1. ☒ This is a request for a ☒ continuation or ☐ divisional application under 37 CFR 1.53(d), (continued prosecution application (CPA)) of prior application number **08/612,929**, filed on **March 7, 1996**, entitled **RECOMBINANT IL4 ANTIBODIES USEFUL IN TREATMENT OF IL4 MEDIATED DISORDERS**
- a. ☒ AMEND the Attorney Docket No. to: **P50186-2X**
- Examiner:
- Art Group:

5. ☐ This application is filed by fewer than all the inventors named in the prior application 37 CFR 1.53(d)(4)
- a. ☐ DELETE the following inventor(s) named in the prior nonprovisional application:
- b. ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.

6. ☐ A new Power of Attorney or authorization of agent (PTO/SB/81) is enclosed.

2. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. **19-2570**
- ☒ General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3))
- (Submit an original, and a duplicate for fee processing)

7. ☒ **EXTENSION OF TIME PETITION**
- Applicants hereby petition for an extension of time for response from the date of the Examiner's action as needed to file the instant CPA Application, the fee being as follows:
- ☐ one month extension \$ 110
- ☐ two months extension \$ 400
- ☒ three months extension \$ 950

3. ☒ The filing fee is calculated as shown below:
- |  |                  |
|--|------------------|
| Basic Filing fee   | \$790.00         |
| Total Claims 27 - 20 = 7 x \$22                                  | \$154.00         |
| Independent Claims 10 - 3 = 7 x \$82                             | \$574.00         |
| <input type="checkbox"/> Multiple Dependent Claim present. \$270 |                  |
| Total Filing Fee   | <b>\$1518.00</b> |

**ACCOMPANYING APPLICATION PARTS**

8. ☐ Information Disclosure Statement (IDS) and PTO-1449
- ☐ Copies of all IDS Citations

9. ☐ Preliminary Amendment [Total Pages] \_\_\_\_\_

10. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically utilized)

**JUL 28 1998**

**MATHEW L. GARDNER  
SERVICE CENTER**

11. ☐ Other: \_\_\_\_\_

07/27/1998 MAILING LABEL 00000052 192570 08612929

01 FC:131 Charge **\$2468.00** to the above indicated Deposit Account.

02 FC:102 Enter the indicated amendment previously filed on: \_\_\_\_\_

03 FC:103 \_\_\_\_\_ 37 CFR 1.116 in the prior non-provisional

04 FC:117 application.

**12. CORRESPONDENCE ADDRESS**

Address **SMITHKLINE BEECHAM CORPORATION  
Corporate Intellectual Property - UW2220  
P.O. Box 1539  
King of Prussia, PA 19406-0939**

Telephone (610) 270-**5364** Fax (610) 270-5090

**13 RESPECTFULLY SUBMITTED,**

Signature  
Name

**Alissa M. Eagle**

Registration No. **37,126**

**CONTINUED PROSECUTION APPLICATION  
(CPA) REQUEST TRANSMITTAL**

*(Only for Continuation or Divisional applications under 37 CFR 1.53(d))*

Attorney Docket No. **P5018**

First Named Inventor or Application Identifier

**Stephen Dudley Holmes**



**"EXPRESS MAIL CERTIFICATE"**

"EXPRESS MAIL" MAILING LABEL NUMBER **EL085631518US** DATE OF DEPOSIT **JULY 23, 1998**

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NAME OF PERSON MAILING PAPER OR FEE

(TYPE OR PRINT)

**BRAD SHAW**

SIGNATURE

**Brad Shaw**

**APPLICATION ELEMENTS**

*See MPEP chapter 600 concerning utility patent application contents and chapter 1500 concerning design patent application contents.*

1. ☒ This is a request for a ☒ continuation or ☐ divisional application under 37 CFR 1.53(d), (continued prosecution application (CPA)) of prior application number **08/612,929**, filed on **March 7, 1996**, entitled **RECOMBINANT IL4 ANTIBODIES USEFUL IN TREATMENT OF IL4 MEDIATED DISORDERS**

a. ☒ AMEND the Attorney Docket No. to:

**P50186-2X**

Examiner:

Art Group:

2. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. **19-2570**

☒ General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3))

*(Submit an original, and a duplicate for fee processing)*

5. ☐ This application is filed by fewer than all the inventors named in the prior application 37 CFR 1.53(d)(4)

a. ☐ DELETE the following inventor(s) named in the prior nonprovisional application:

b. ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.

6. ☐ A new Power of Attorney or authorization of agent (PTO/SB/81) is enclosed.

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☐ one month extension \$ 110  
☐ two months extension \$ 400  
☒ three months extension \$ 950

3. ☒ The filing fee is calculated as shown below:

Basic Filing fee \$790.00  
Total Claims 27 - 20 = 7 x \$22 \$154.00  
Independent Claims 10 - 3 = 7 x \$82 \$574.00  
☐ Multiple Dependent Claim present. \$270  
Total Filing Fee **\$1518.00**

☐ Cancel in this application original claims \_\_\_\_ of the prior application before calculating the filing fee.

Charge the filing fee **\$1518.00**  
and the extension of time fee  
from box 7 (if necessary) **\$950.00**

TOTAL **\$2468.00**

Charge **\$2468.00** to the above indicated Deposit Account.

4. ☐ Enter the unentered amendment previously filed on: \_\_\_\_  
\_\_\_\_ under 37 CFR 1.116 in the prior non-provisional application.

**ACCOMPANYING APPLICATION PARTS**

8. ☐ Information Disclosure Statement (IDS) and PTO-1449

☐ Copies of all IDS Citations

9. ☐ Preliminary Amendment [Total Pages] \_\_\_\_

10. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized).

**RECEIVED**

**JUL 28 1998**

11. ☐ Other: **MATERIALS CENTER SERVICE CENTER**

**12. CORRESPONDENCE ADDRESS**

Address **SMITHKLINE BEECHAM CORPORATION  
Corporate Intellectual Property - UW2220  
P.O. Box 1539  
King of Prussia, PA 19406-0939**

Telephone (610) 270-**5364** Fax (610) 270-5090

**13 RESPECTFULLY SUBMITTED,**

Signature  
Name

**Alissa M. Eagle**

Registration No. **37,126**



# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

08/612929

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	26 minus 20 = *	6
INDEPENDENT CLAIMS	10 minus 3 = *	7
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	395.00
x\$11=	
x41=	
+135=	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	760
x\$22=	108
x82=	546
+270=	
TOTAL	1414

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDITIONAL FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDITIONAL FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDITIONAL FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDITIONAL FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDITIONAL FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDITIONAL FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.